

# **2005 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# M41389

**FILED**  
**Apr 02, 2005**  
**Secretary of State**

**Entity Name:** AMERICAN STORAGE SYSTEMS, INC.

**Current Principal Place of Business:**

3900 HOLLYWOOD BLVD, PH-NORTH  
HOLLYWOOD, FL 33021

**New Principal Place of Business:**

**Current Mailing Address:**

3900 HOLLYWOOD BLVD, PH-NORTH  
HOLLYWOOD, FL 33021

**New Mailing Address:**

4700 N 31ST COURT  
HOLLYWOOD, FL 33021

**FEI Number:** 59-2781299

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LEXOW, CLAUSSON P.  
3900 HOLLYWOOD BLVD, PENTHOUSE NORTH  
HOLLYWOOD, FL 33021 US

**Name and Address of New Registered Agent:**

LEXOW, CLAUSSON P.  
4700 N 31ST COURT  
HOLLYWOOD, FL 33021 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE:** C P LEXOW

04/02/2005

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** PD ( ) Delete  
**Name:** LEXOW, CLAUSSON P,  
**Address:** 3900 HOLLYWOOD BLVD PH-N  
**City-St-Zip:** HOLLYWOOD, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** CLAUSSON P LEXOW

PD

04/02/2005

Electronic Signature of Signing Officer or Director

Date